

10684212

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
							CLAIMS						
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
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25							75						
26		14					76						
27		14					77						
28		14					78						
29		14					79						
30		25					80						
31		25					81						
32		14					82						
33		25					83						
34		25					84						
35		25					85						
36		25					86						
37		25					87						
38		25					88						
39		25					89						
40		25					90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	343						TOTAL DEP.						
TOTAL CLAIMS	345						TOTAL CLAIMS						

250
70